

# **EXHIBIT**

## **12**

St. Agnes Hospital  
Counseling Report

ASSOCIATE NAME: Geraldine LautureDATE: 2/2/06DEPARTMENT: Microbiology Laboratory #2001.3401JOB TITLE: MLT☒ Documented Verbal Warning☐ Written Warning☐ Suspension☐ Termination

## INSTRUCTIONS

The basic premises of corrective action are as follows: (See Progressive Action Policy for details)

- Corrective action is progressive and should be tailored to the infraction and is designed to be constructive in nature and should provide specific expectations for improvement.
- Corrective action is to be taken in a timely manner.
- Detail facts and allow employee the opportunity to respond.
- Supervisors should review the policy being violated and be able to discuss with the associate. A copy of the policy should be provided to the associate.
- Documented verbal warnings must be completed and reviewed with associate prior to being placed in the Human Resources file
- Suspensions require Director, Human Resources signature prior to implementation.
- The Director of Human Resources and appropriate Vice President must approve all terminations prior to implementation.

Note: Associates who have completed their introductory period may file a grievance.

## 1. Identify Specific Problem Requiring Counseling/Corrective Action &amp; dates of occurrence(s) (Attach any additional documentation)

See attached documentation of numerous clinical errors indicating lack of basic Clinical skills and knowledge needed to perform her job.

## 2. Why is this a problem for the organization or Department? Which policy is being violated?

These clinical errors have potential to put Patient's care and SAH at risk.

## 3. Identify specific changes in performance or behavior that must occur (including dates for compliance).

She will be retrained for a period of 2 weeks Feb 16, 2006 to March 3, 2006 by an experienced technologist who will document this training.

Her work performance will be monitored to determine improvement. Any future errors or demonstration of lack of basic clinical knowledge to perform her duties will be documented.

## 4. Failure to meet standards listed above will result in additional disciplinary action up to and including termination.

## 5. Associate Comments

I do not agree with everything that was said on these comments

[Signature] 2/2/06  
Associate's Signature Date

[Signature] 2/2/06  
[Signature] 2/2/06  
Supervisor's Signature Date

\_\_\_\_\_  
Vice President's Signature Date  
Signature Required for Termination

\_\_\_\_\_  
Director of Human Resources Date  
Signature Required for Suspension and Termination

Date 2-23-09  
[Signature]  
DEPOSITION EXHIBIT# 14  
SUZANNE GILES, CVR  
COMPELICE REPORTING SERVICES, INC.  
(301) 596-2019 FAX (410) 290-7249

During the past 2 months that Geraldine has been working on the day shift, There has been incidences that show she does not have a basic understanding of certain microbiology lab procedures.

1. On Jan 2, 06 there was a positive CSF for Gram stain. Specimen had > 8000 WBC. Geraldine asked me to review the slide; she thought she saw gram positive rods in addition to gram-positive cocci in pairs. Upon review of her gram stain that she had made, it showed rare WBC. I asked where did all the WBC go, since the count was >8000. She replied they disintegrated. When I explained that they don't do that by spinning and staining, she then told me she wondered why we spin the spec and use the top of it to inoculate. It turns out after spinning the spec, as required, she used the supernatant to inoculate the plates and make a slide. I had her remake the slide and inoculate the plates using the sediment. I reviewed the newly made slide with her which of course had many Wbc's and only gram positive cocci in pairs.
2. On Jan 12, 06 When staining the AFB Slides by 2 different methods, she did not understand how she could use the same positive and negative controls for each stain. I explained it to her. The next day when staining again, she came to me and was confused again; It was clear she had no understanding of what she was doing. She couldn't understand why she would stain one set of controls with 2 different stains. I told her you don't. You have to use 2 sets of controls. One for each stain.
3. Jan 23,06 Plating stool culture with incorrect media. Accession 06:M2287 the media she set up is used for Hemophilus, which we do not isolate from stool cultures. She did not plate a MacConkey agar which is basic for isolating and differentiating gram-negative rods. Stool pathogens are gram-negative rods. Specimen had to be found the next day and replated.
4. Jan 23, 2006 in setting up TB specimens, sterile body fluids not processed properly. Not digested. Had to reprocess the specimens. Since they had been double inoculated with Antibiotic supplement when another tech had processed them properly, and used the same vials that Geraldine inoculated directly.
5. Jan 17, 2006. Setting up specimens for PCP, the reagent was not diluted that is used for digesting the specimen. We had to reprocess the specimen again properly. Procedure is taped to the hood where the specimens are processed. Procedure explained to her. On 1/31/06 when another specimen needed digesting, she came to me to ask what to do. I had to explain to her how to dilute the reagent, why it needed to be diluted, showed her where the procedure was posted on the hood and how long the reagent is usable.

6. Jan 23, 06 when the slide heater for the AFB slides was full, she took the extra slides and carried them to another hood that had another slide heater. She did not realize that she should have left them in the hood and switched the slides around. She exposed the lab to potential AFB.
7. Jan 23, 06 Autopsy specimens, M2204, M2209, M2207, M 2210 from 1/23/06 not processed. Specimens left under the hood.
8. QC not documented for the eyewash check for the beginning of January up til Jan 20. No chart was posted. When I spoke with her, she blamed Stephanie for not putting up a chart. I asked how long were you going to not record it before saying something. She didn't realize that she could have put up the chart. She showed no initiative to correct the problem. Recording Temps and other daily QC is one of her duties.